## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

1449111
OMB APPROVAL
OMB Number: 3235-0076
Expires: October 31, 2008
Estimated average burden
hours per response16.00
SEC USE ONLY
Prefix Serial
DATE RECEIVED

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)					
Limited Liability Company Interests in Commonfund Multi-Strategy Bond Investo	Mell Processing				
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ So Type of Filing: ☒ New Filing ☐ Amendment	Section				
	ATION DATA				
A. BASIC IDENTIFIC  I. Enter the information requested about the issuer	ATION DATA	OCT 2 12008			
Name of Issuer ( check if this is an amendment and name has changed, and indicate ch		001 2 1 2000			
Commonfund Multi-Strategy Bond Investors, LLC	nange.)				
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (inclu	ding Arthred Angron, DC			
c/o Commonfund Asset Management Company, Inc.	(203) 563-5000				
15 Old Danbury Road		103			
P.O. Box 812					
Wilton, CT 06897		FIREIN PRINT (BILL PRINT BUILDING			
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (in				
(if different from Executive Offices)					
Brief Description of Business					
Private Investment Fund.  Type of Business Organization		0806114R			
corporation	•	99901148			
	Other (please specify): Limited Li	ability Company			
☐ business trust ☐ limited partnership, to be formed	E onto (produce options)): contracte El	asin, company			
Month Year	<del> </del>				
Actual or Estimated Date of Incorporation or Organization:  0 1 0 8	☐ Actual ☐ Estimated	PROCESSED			
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbre	eviation for State:	WOCESSED 1			
CN for Canada; FN for other for	eign jurisdiction) DE	007.0			
GENERAL INSTRUCTIONS		00 3 0 7nng			
		2000			
Federal:		THOUSE ON REVIERS			
Who Must File: All issuers making an offering of securities in reliance on an exemption	under Regulation D or Section 4(6), 17	CFR 230.507 SHEN, ACUIERS			
77d(6).					
When To File: A notice must be filed no later than 15 days after the first sale of securitie	s in the offering. A notice is deemed f	iled with the LLS. Securities and			
Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the ac	dress given below or, if received at the	at address after the date on which it is			
due, on the date it was mailed by United States registered or certified mail to that address					
·					
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Wash	ington, D.C. 20549.				
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which	must be manually signed. Any conies	not manually signed must be			
photocopies of the manually signed copy or bear typed or printed signatures.	illust be manually signed. Any copies	not manually signed must be			
process process of the second special process of the second specia					
Information Required: A new filing must contain all information requested. Amendmen	ts need only report the name of the issu	er and offering, any changes thereto, the			
information requested in Part C, and any material changes from the information previous	ly supplied in Parts A and B. Part E ar	d the Appendix need not be filed with			
the SEC.					
Filing Fee: There is no federal filing fee.					
rung ree: There is no teacial thing tee.					
State:					
•	n (ULOE) for sales of securities in thos	e states that have adopted ULOE and			
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption that have adopted this form. Issuers relying on ULOE must file a separate notice with the	e Securities Administrator in each state	where sales are to be, or have been			
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption that have adopted this form. Issuers relying on ULOE must file a separate notice with the made. If a state requires the payment of a fee as a precondition to the claim for the exem	e Securities Administrator in each state ption, a fee in the proper amount shall	where sales are to be, or have been accompany this form. This notice shall			
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption that have adopted this form. Issuers relying on ULOE must file a separate notice with the	e Securities Administrator in each state ption, a fee in the proper amount shall	where sales are to be, or have been accompany this form. This notice shall			

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA
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- 2. Enter the information requested for the following:
  - X Each promoter of the issuer, if the issuer has been organized within the past five years;
  - X Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - X Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - X Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑Director of the Managing Member	General and/or Managing Partner
Full Name (Last name first	, if individual)		<u>-</u> -	Wanaging Weinger	Wanted and American
Business or Residence Add	ress (Number and	Street, City, State, Zip	Code)		<del></del>
c/o Commonfund Asset Man	agement Company	, Inc., 15 Old Danbury R	oad, P.O. Box 812, Wilton	, CT 06897	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑Director of the Managing Member	General and/or Managing Partner
Full Name (Last name first, Beaudreault, Mary Ellen	, if individual)				
Business or Residence Add	ress (Number and	Street, City, State, Zip	Code)	····-	
c/o Commonfund Asset Man	agement Company	, Inc., 15 Old Danbury R		, CT 06897	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑Director of the Managing Member	General and/or Managing Partner
Full Name (Last name first, De Monico, A. Nicholas	if individual)		15.5		
Business of Residence Add	ress (Number and	Street, City, State, Zip	Code)		
c/o Commonfund Asset Man	agement Company	, Inc., 15 Old Danbury R	oad, P.O. Box 812, Wilton	, CT 0689 <u>7</u>	
Check Box(es) that Apply:	Promoter	☐Beneficial Owner	☐ Executive Officer	☑Director of the	General and/or
			·	Managing Member	Managing Partner
Full Name (Last name first, Sedlacek, Verne O.	if individual)				
Business or Residence Add	ress (Number and	Street, City, State, Zip	Code)	<del></del>	
c/o Commonfund Asset Mana	agement Company	, Inc., 15 Old Danbury R	oad, P.O. Box 812, Wilton	, CT 06897	
Check Box(es) that Apply:	Promoter	☐Beneficial Owner	Executive Officer	⊠Director of the	General and/or
				Managing Member	Managing Partner
Full Name (Last name first, Gardiner, Jr., Arthur Z.	•				
Business or Residence Add					
c/o Commonfund Asset Mana	gement Company				
Check Box(es) that Apply:	∐Promot <b>e</b> r	☐Beneficial Owner	☐Executive Officer	Director of the	General and/or
F 11 11 11 11 11 11 11 11 11 11 11 11 11	· · · · · · · · · · · · · · · · · · ·	<del></del>	<del>_</del>	Managing Member	Managing Partner
Full Name (Last name first, Long, Jeffrey T.					
Business or Residence Add					-
c/o Commonfund Asset Mana	igement Company				
Check Box(es) that Apply:	∐Promoter	Beneficial Owner		f the Director of the Managing Member	General and/or Managing Partner
Full Name (Last name first, Strauss, Michael H.	if individual)		•		
Business or Residence Add	ress (Number and	Street City State Zin	Code)		
c/o Commonfund Asset Mana				CT 06897	
Check Box(es) that Apply:		Beneficial Owner	Executive Officer of		General and/or
			Managing Member		Managing Partner
Full Name (Last name first, Auchincloss, John W.	if individual)				
Business or Residence Add				CT 0400	
c/o Commonfund Asset Mana	igement Company.	, inc., 15 Old Danbury R	020, P.O. BOX 812, Wilton	,CI 0089/	

Check Box(es) that Apply: Promoter	Beneficial Owner	⊠Executive Officer of the Managing Member	Director	General and/or Managing Partner
Full Name (Last name first, if individual Blanch, Carolyn N.	)			······································
Business or Residence Address (Number c/o Commonfund Asset Management Comp		•		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer of the Managing Member	Director of the Managing Member	⊠Managing Member
Full Name (Last name first, if individual Commonfund Asset Management Compan	•		<del></del>	
Business or Residence Address (Number 15 Old Danbury Road, P.O. Box 812, Wilto		Code)		<u> </u>

						B. INFO	<u>RMATIO</u>	N ABOU	T OFFER	RING		· · · · · ·			
1.	Has the	issuer sol	d, or does t	he issuer in	tend to sell,	to non-acc	redited inve	estors in thi	s offering?					Yes	No ⊠
					P	Answer also	in Append	lix, Column	2, if filing	under ULO	E.				
2.	What is	s the minin	num investr	ment that wi	ill be accep	ted from an	y individua	ıl? *Subje	et to Mana	gement Di	scretion	***************************************		\$ 1,000.	,000*
3.	3. Does the offering permit joint ownership of a single unit?									Yes	No				
٥.	2000 (	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	perim join		, or a smare	4	***************************************			*****************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•••••	ũ	Ø
4.	remune person	eration for : or agent of	solicitation fabroker o	of purchase r dealer reg	ers in conne istered with	ction with s the SEC a	sales of sec nd/or with a	urities in th a state or st	e offering. ates, list the	if a person name of th	to be listed e broker or	nission or sin lis an assoc dealer. If r broker or d	iated nore than		
			rst, if indivi	idual)							_				
		i Securitie													
			ddress (Nu Wilton, C	mber and S Γ 06897	treet, City,	State, Zip C	Code)								
Name	of Asso	ciated Bro	ker or Dcal	ег										_	
States	in Whic	h Person L	isted Has S	Solicited or	Intends to	Solicit Purc	hasers		<del></del>	<del>-</del>					
(	(Check	'All States'	orchecki	ndividual S	tates)	,	-4				🗵	All States			
) ]	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	(AR) [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	(DC) [MA] [ND] [WA]	(FL) [MI) [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full N	ame (L	ist name fi	rst, if indivi	idual)			<u> </u>		· · · · · · · · · · · · · · · · · · ·						
Busin	ess or R	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)			, <u></u>					
Name	of Asso	ciated Bro	ker or Deal	er				<del></del> -			_				
States	in Whic	h Person L	isted Has S	Solicited or	Intends to S	Solicit Purc	hasers								
(Checl	k "All S	tates" or ch	neck individ	iual States)	***************************************					•••••		All States			
]	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	(AR] (KS) (NH) (TN)	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	(CT) (ME) (NY) (VT)	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] _[WV]	[GA] [MN] [OK] [WI]	(HI) [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full N	lame (La	ist name fi	rst, if indivi	idual)						_				,	
Busino	ess or R	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)	<del></del> ·						<del></del>	_
Name	of Asso	ciated Bro	ker or Deal	er								-			
States	in Whic	h Person L	isted Has S	Solicited or	Intends to	Solicit Purc	hasers		~						
(Checl	k "All S	tates" or ch	neck individ	tual States)								All States			
[	AL] IL] MT] RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	(AR) [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [M\$] [OR] [WY]	(ID) [MO) [PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	1 KOCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	s
	Equity	\$	s
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	S	s
	Partnership Interests	s	s
	Other (Specify) Limited liability company interests	\$ 357,505,104	\$ 357,505,104
	Total	\$ 357,505,104	\$ 357,505,104
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors.	39	\$ 357,505,104
	Non-accredited Investors	•	5
	Total (for filings under Rule 504 only)		S
	Answer also in Appendix, Column 4, if filing under ULOE.		·
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		s
	Regulation A		5
	Rule 504		s
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s
	Printing and Engraving Costs		s
	Legal Fees	$\boxtimes$	\$0
	Accounting Fees		s
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)	_	s
	Other Expenses (identify)		s
	Total	— Ø	\$0
		<b>–</b>	

	OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF FROCEEDS	
	n the aggregate offering price given in response to Part C - Question 1 and e to Part C - Question 4.a. This difference is the "adjusted gross proceeds to		0.355 505 104
Indicate below the amount of the purposes shown. If the amount of the purposes shown.	the adjusted gross proceeds to the issuer used or proposed to be used for eaction to for any purpose is not known, furnish an estimate and check the box to fit the payments listed must equal the adjusted gross proceeds to the issuer	to the	\$ 357,505,104
forth in response to Part C - Qu			
		Payments to	
		Officers, Directo & Affiliates	ors, Payments To
			Others
Salaries and fees		s	□ s
Purchase of real estate		s	□ <b>s</b>
Purchase, rental or leasing and	installation of machinery and equipment	<b>S</b>	□ <b>s</b>
Construction or leasing of plan	nt buildings and facilities	s	□s
offering that may be used in ex	s (including the value of securities involved in this ichange for the assets or securities of another issuer	s	□s
Repayment of indebtedness		s	□s
Working capital		s	□ <b>s</b>
Other (specify): Investment is	n portfolio securities and related expenses	□ <b>s</b>	<b>S</b> 357,505,104
Column Totals		s	<b>⊠</b> \$ 357,505,104
Total Payments Listed (column	n totals added)	<u></u> 🗵 \$ :	357,505,104
	D. FEDERAL SIGNATURE		····
be issuer has duly caused this notice	e to be signed by the undersigned duly authorized person. If this notice is	filed under Rule SOS, the foli	lowing eignature conctitute
in undertaking by the issuer to furnis ion-accredited investor pursuant to p	sh to the U.S. Securities and Exchange Commission, upon written request of	of its staff, the information fu	imished by the issuer to an
Issuer (Print or Type) Commonfund Multi-Strategy Bol	Signature	Date October 17, 2008	
Name of Signer (Print or Type) John W. Auchincloss	Title of Signer (Print or Type) Secretary of the Managing Member of the Issuer		

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

ATTENTION

